

CHESTER-LE-STREET
RURAL DISTRICT COUNCIL.

ANNUAL REPORT
OF THE
Medical Officer of Health
FOR THE YEAR 1949.

G. Balles & Sons, Printers, Durham.

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HEALTH DEPARTMENT,
6, RED ROSE TERRACE,
CHESTER - L E - STREET.

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Medical Officer of Health
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ALBERT FORSTER, M.B., B.S.,
Medical Officer of Health.

CHESTER-LE-STREET RURAL DISTRICT COUNCIL.

HEALTH DEPARTMENT,

6, RED ROSE TERRACE,

Tel: 3331.

CHESTER-LE-STREET.

August 12th, 1950.

To the Chairman and Members of the Chester-le-Street Rural District Council.

Ladies and Gentlemen,

Opportunity is afforded each year, by the Annual Report, for a critical review of the health of the community in your area.

Three questions spring to mind as appropriate:

Is it better or worse than previously?

Is it better or worse than other areas?

Can it be further improved?

Dealing with the overall position, conditions compare favourably with previous years: the infant mortality rate, for example, is lower than it has ever been.

On the other hand infant mortality is about one third higher than the national aggregate: this must and can be reduced.

In comparison with other areas it has been possible to re-introduce a standardised death rate, which may be compared with similar rates for other areas.

As will be appreciated, a complete answer cannot be given to these three questions at the present time, when knowledge of national and other local trends is limited, but throughout the maximum possible data has been given. To judge in retrospect, an abstract of certain statistics for 1948 has been included.

In particular I would draw your attention to the increasing diagnosis of cancer; to whooping cough and tuberculosis. The last condition is inextricably bound up with the question of housing, the whole position of which remains virtually unchanged, representing the most urgent social problem.

It is hoped that the new methods of presentation of statistics embodied in Tables 4 and 6A will commend themselves as an aid to appreciation.

Changes will be made next year to conform to the new International Classification, and a reorganisation is being made of the records in the department to give even fuller information in the 1951 report. I hope then to be able to give complete statistics correlating notifiable diseases and deaths, for example, with districts, social classes and overcrowding, as we will then have the results of the first census carried out since 1931.

In recent years the public demand for Health information has grown, and this pleasing development promises the best channel for future improvement. Any organisation wishing for film shows, lectures etc., is cordially invited to participate.

I have endeavoured, in this report, to give full information how to obtain the various health services available in the area and it is hoped that it will form a useful book of reference.

I would record my indebtedness to the various sources of information, not least to the general practitioners who have not only been helpful and co-operative but have contributed largely to the health of the community which this report mirrors. Likewise the staff of my department deserve praise for the high standard maintained through the year.

Finally, I would like to avail myself of this opportunity of thanking the Chairman and Members of the Council for their continued help and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

A. FORSTER, M.B.B.S., D.P.H.,
Medical Officer of Health.

ANNUAL HEALTH REPORT.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

MEDICAL OFFICER OF HEALTH—

ALBERT FORSTER, M.B., B.S.

SANITARY INSPECTORS—

TOM SAYER, M.R.S.I. (Northern Area). C.R.S.T. and
Certificate in Meat Inspection of the R.S.I.

CHARLES W. ROBSON, C.R.S.I. and Certificate in Meat
Inspection of the R.S.I. (Southern Area).

ADDITIONAL SANITARY INSPECTOR—

GEOFFREY NUTTER (commenced 23.1.49).

A 50% grant is payable in respect of the salaries of the Medical Officer of Health and the Sanitary Inspectors.

SECTION A.—STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

	1949.	1948.	1931.
AREA (Acres)	23,261	23,261	26,925
POPULATION (Under 15)	9,583*	40,850*	52,991
Civilian	41,080*		
Total	41,270*		
PERSONS per acre	1.76	1.76	1.97
INHABITED HOUSES	11,240	11,067	12,026
RATEABLE VALUE	£157,758	£155,309	£173,350
PENNY RATE product :	£584	£582	£635

*Registrar General's Mid-year Estimate.

IMPORTANT NOTE ON STATISTICS.

Erroneous results may arise through the comparison of rates with other areas. The following are some examples.

Age and sex constitution of a population may give rise to wide variations. It will be appreciated that a birth rate per 1,000 women aged 25-45 is more accurate, for purposes of comparison, than per 1,000 population. Again infectious diseases prevalent in childhood would give a truer picture if rates are given for childhood. (Table 18).

The estimated population of parishes may be subject to great error, although possibly more correct than previous estimates. (Table 10).

An estimate of the population by Age and Sex has been given (Table 2a). However desirable it would be, insufficient data exists on which to base an estimate for each parish.

It is hoped to greatly improve the information available, and steps are already being taken to provide this in conjunction with the 1951 census results when known.

It will be appreciated that at the time of preparing the report information is limited both for England and Wales as a whole and other areas. As such information becomes available it will be included in subsequent reports, and for this reason certain 1948 statistics are included in this report.

COMPARATIVE STATISTICS.

1949.

It has been possible this year to produce a "standardised" death rate for the Rural Area of 13.5 per 1,000 total population. This rate corrects for different age and sex constitutions and may be compared with figures produced by similar means for other areas in 1949. It is not suitable for comparison with previous or later years. (For method see Registrar General's Statistical Review 1938/9, Medical Text, p.5).

1948.

The following information has been obtained from the Registrar General's Statistical Review for 1948, Tables, Part 1, Medical, just published (1950)

	<i>Standardised Death Rate per 1000 civilian population.</i>	<i>Infant Mortalty (under 1 year) per 1000 related live births.</i>
All England and Wales ...	11.0	34
All Durham County except Co. Boroughs	12.7	46
All Rurals Districts in Durham County	12.0	45
Chester-le-Street R.D.C. ...	12.2	50
Chester-le-Street U.D.C. ...	11.8	47
Houghton U.D.C.	12.4	50
Stanley U.D.C.	13.9	47
Washington U.D.C.	12.5	50
Whickham U.D.C.	12.5	49
Durham R.D.C.	11.7	63
Lanchester R.D.C.	10.8	45

INFANT MORTALITY.

The universal practice is to express this as per 1,000 live births.

For many years the number of live births has been taken as the number *Registered* in each year, and provided the period between actual birth and registration remains constant, the figures are comparable.

In view of the alteration of this period, e.g. due to rationing, etc., the Registrar General decided to introduce a rate per 1,000 *Related* live births, and this takes account of such things as a child aged 9 months dying in March. The method is outlined in his Statistical Review for 1940-5, Text. Vol. 1 Medical.

In practice there is little alteration as can be seen from the following figures, kindly provided by the Registrar General.

			1947	1948	1949
<i>Old Method per 1,000 registered</i>					
England and Wales	...	...	41.55	34.45	32.66
Chester-le-Street R.D.C.	...	...	56.80	50.53	46.22
<i>New Method per 1,000 related</i>					
England and Wales	...	...	41.37	33.93	32.37
Chester-le-Street R.D.C.	...	...	56.55	49.77	45.81

Social Conditions.

The whole of the district rests upon Coal Measures, which are overlaid generally by Boulder Clay with patches of gravel and sand.

The district is bounded on the north by the Borough of Gateshead and the Whickham Urban District; on the west by the Whickham and Stanley Urban Districts, on the south by the Durham Rural District and the River Wear; and on the east by the Houghton and Washington Urban Districts. The surface throughout the district may be described as hilly rather than undulating, the altitude varying from a few feet to 700 feet above Ordnance Datum. It is drained by the Rivers Wear and Team. The River Wear, entering the district about the middle of the southern side, runs first in a northerly, and afterwards in an easterly direction. Subsequently it forms part of the eastern boundary, separating the Rural District from the Houghton Urban District. This latter portion of the Wear is tidal. The River Team, draining the northern and north-western portion of the district, empties into the River Tyne.

Whilst many of the population are engaged on farming, the chief industry is that of mining with associated works such as coke burning and the manufacture of bricks, etc. Industrial development, which is most marked in the now industrial parish of Birtley, adds a surprising variety of industries such as chemicals, electric cables, iron, munitions, etc.

Approximately 180 acres of the Team Valley Trading Estate is within the area, but remains largely undeveloped.

Here and in other parts of the area there are a variety of sites catering for every type of industry. New industries have been, and are being attracted and encouraged by the Council and their establishment will not only help to mitigate the social evils consequent on a return of unemployment, but will also in some cases remove eye-sores in the shape of pit heaps, etc.

Housing remains, however, the chief social problem, being dealt with in detail elsewhere in this report. Whilst every endeavour may be made in the face of present restrictions to accelerate progress in building, many years must elapse before solution is reached.

INFORMATION SERVICE.

During the course of a year many queries and requests for advice are dealt with by the Health Department, who in addition publish explanatory leaflets on new legislation, etc., where necessary.

Wherever practicable, instead of referring the person to the appropriate Government Dept., etc., if not in the province of the department, the matter is forwarded direct on their behalf.

It will be appreciated that requests for personal health services (i.e. most of the facilities numerated in Section B) should be made through the general medical practitioner.

INTERNATIONAL CERTIFICATES.

People can now cover vast distances by air within the incubation period of infectious disease. To deal with the problem certificates of immunity have been agreed internationally. The necessary forms are available from Travel agents.

When these have been completed by the General Medical practitioner, they should be brought to the department for the authentication of the doctor's signature. As will be appreciated

the Department can only deal with certificates signed by doctors *in the area*, and persons having this carried out in, say, Newcastle should take them to the Health Department at Newcastle.

Owing to the number of requests for information regarding this, a leaflet has been prepared and is available from the department.

Vital Statistics.

There was a decline in the birth rate in 1949, 696 legitimate and 18 illegitimate births being *registered*. Whilst the still-birth rate has increased there has been a fall in deaths of illegitimate children under 1 year and the rate more closely approaches that for legitimate infants.

The infant mortality rate is the lowest recorded in the rural district, but it compares unfavourably with the national aggregate and that in other areas.

Even if it is eventually reduced to national levels there is still scope for improvement by reduction of approximately half of present to that appertaining in other countries such as Sweden and Holland.

Measures by which this may be effected include better nutrition of the mother (milk and other extra foods: vitamin supplements) better utilisation and provision of expert advice and facilities together with complete co-ordination of the facilities. In other areas the National Health Service has tended to disrupt these.

There were no maternal deaths in 1949.

As regards deaths of infants under 1 year, there was a reduction from 43 to 33 giving a rate of 46 per 1,000 registered live births.

All except 2 of the deaths in the first month occurred in the first week, and of these premature birth was the stated cause in over half. Mortality in this period could be reduced by the measures suggested above.

In the remainder of the year, deaths from Pneumonia have increased, and emphasise the necessity for avoiding exposure to infection, e.g., colds, etc., in adult members of the household.

In 1948, two accidental deaths occurred under 1 month, and another from 1-3 months. No deaths of this type ensued in the first month this year, but a death still remained in the second period. The necessity therefore remains for adequate protection: cots, fireguards, stairs, etc.

Deaths from diarrhoea and enteritis under 2 years continue low, one death only occurring, although it has not been possible to repeat last year's freedom.

480 deaths were registered in the area, including 138 residents who died in other areas and excluding 13 persons not normally resident. This gives a crude death rate of 11.87 per 1,000 population, which is higher than last year.

48.1% (42%) were due to heart disease and cerebral haemorrhage, 17.7% (15.6%) due to cancer, 8.7% (10.9%) to Respiratory Diseases and 4.7% (6.1%) to Tuberculosis. Figures in brackets are those for 1948.

In common with the rest of the country the incidence of cancer is tending to rise, and this is more fully discussed later in the report.

Over half the deaths were aged 65 or over, with a decrease in the proportion 45-65.

Tables giving the full statistics will be found at the end of the report, and especial attention is drawn to the two new tables incorporated, viz. 4 and 6A.

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

1. Public Health Officers of the Authority.

For a detailed list of the staff of the Public Health Department see page 50.

2. Laboratory Facilities.

Bacteriological examinations are carried out free of charge by the Public Health Laboratory Service at Newcastle. Supplies of sera, lymph, etc. are available free of charge to medical practitioners under this service.

During the year the following bacteriological examinations (in addition to those included elsewhere in this report) were carried out with the results shown:—

			<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>
Diphtheria	...	...	—	57	57
Tuberculosis	...	...	48	166	114
Typhoid, Dysentery & Food					
Poisoning	...	...	26	74	100

The total number of samples examined is equal to a rate of 10.8 per 1,000 population.

3. Residential Hostel Accommodation.

The County Council provide hostel accommodation for aged, infirm and handicapped persons, but the accommodation at present is limited. Application for assistance should be made to the County Medical Officer, Health Department, Shire Hall, Durham. Tel No. Durham 980, Extension 275.

4. Home Nursing.

A Home Nursing Service is provided by the County Council, and any requests for a district nurse should be made to the nurses in your area or to the Superintendent of the County Nursing Association, 30, New Elvet, Durham. Tel. No. Durham 837.

5. Vaccination and Immunisation.—

(a) Vaccination against smallpox may be obtained free of charge on application to any medical practitioner who has agreed to give service within the National Health Service Scheme.

(b) Immunisation against diphtheria may be carried out on application to maternity and child welfare centres or to any general practitioner operating under the National Health Service Act, free of charge.

6. Domiciliary Midwifery Service.

Names and addresses of the midwives available can be obtained from the child welfare centres or medical practitioners.

7. Domestic Help.

Domestic helps are provided by the County Council where necessary in cases of sickness, childbirth, infirmity or other household emergencies. A charge for the service is made in accordance with income scales. Application should be made through the district health visitors or the County Medical Officer, Health Department, Shire Hall, Durham. Tel. No. Durham 980, Extension 260.

8. Health Visitors.

This service is maintained by the County Council and the health visitor is the connecting link between the home and the health activities of the County Council. Details of the health

visitors serving the area may be obtained from the County Medical Officer, Shire Hall, Durham. Tel. No. Durham 980, Extension 264.

9. Ambulance Service.

Ambulance transport may be obtained on application to the nearest control at Dryburn Hospital, Durham. Tel. No. Durham 587. Except in cases of emergency applications should be made by medical practitioners, hospitals, midwives, or dentists. Ambulances can be booked in advance on the production of a certificate from a medical practitioner certifying the need for transport.

10. Prevention of Illness, Care and After Care.

Care Committees are in existence throughout the County to assist sick persons in any manner which may seem advisable, e.g. the provision of extra nourishment, sick room requisites, etc. Advice can be obtained from the Secretary, Health Department, Shire Hall, Durham. A charge may be made for this service under certain circumstances according to income scale.

11. Mental Health Service.

A comprehensive scheme is provided by the County Council. Details and assistance can be obtained on application to the County Medical Officer, Shire Hall, Durham. Tel. No. Durham 980, Extension 32, or to the Duly Authorised Officer, Tel. No. Brandon Colliery 165.

12. School Children.

General medical advice and supervision is provided for school children at the School Clinic, Hexham Villa, Birtley, which is open each week-day except Saturday. A doctor is in attendance on Mondays and Wednesdays.

Information can also be obtained on application to the School Medical Officer, Mariville, Princes Street, Durham. Tel. No. Durham 732 or Durham 248.

13. Care of Mothers and Young Children.

The County Council maintain maternity and child welfare centres at which ante-natal and post-natal clinics are also held as shown in the following table. Advice can also be obtained on application to the County Medical Officer, 42, Old Elvet, Durham. Tel. No. Durham 980, Extension 262.

Address of Centre.	Sessions.
Hexham Villa, Birtley. Telephone No. 52.	<i>Ante-Natal</i> ... Mondays weekly except last morning in month. <i>Child Welfare</i> ... Friday mornings. <i>Birth Control—</i> ... Last Monday morning in each month. <i>Post-Natal.</i> <i>Ultra Violet Ray</i> ... Tuesday and Friday afternoons weekly.
Mains Farm House, West Lane, Chester-le-Street. Telephone No. 3286.	<i>Ante-Natal</i> ... Tuesday weekly and Thursday mornings weekly. <i>Child Welfare</i> ... Wednesdays weekly. <i>Birth Control—</i> ... Thursday afternoons except first afternoon in month. <i>Post-Natal.</i> <i>Ultra Violet Ray</i> ... Monday and Friday afternoons weekly. <i>Immunisations</i> ... First Thursday afternoons in month.
Miners' Welfare Hall, West Pelton.	<i>Ante-Natal—</i> ... Alternate Wednesdays. <i>Child Welfare.</i> ...
Old Relief Office, Front Street, Sacriston.	<i>Ante-Natal—</i> ... Alternate Thursdays <i>Child Welfare</i>

Maternity Homes and Hospitals

These are controlled by the Regional Hospital Board but applications for admission should be made to the medical officers at the maternity and child welfare centres shown in previous table.

Accommodation for unmarried mothers is available at Maternity Homes provided by the Regional Hospital Board, and the Durham Diocesan Moral Welfare Association also maintain homes for unmarried mothers and babies. Application for admission should be made to the medical officers at the child welfare centres.

Homeless children can be admitted to residential nurseries or cottage homes administered by the County Council of Durham.

Convalescent Homes.

The E. F. Peile County Convalescent Home, Shotley Bridge (Tel. No. Shotley Bridge 27) is controlled by the County Council of Durham and admits nursing mothers with their babies and children under five years of age. Applications for admission should be made at the Child Welfare Centres.

14. Tuberculosis.

Responsibility for treatment now rests with the Regional Hospital Board who, in addition to Sanatorium treatment, provide:

(a) Consultations by appointment at the Chest Clinic, Ropery Lane, Chester-le-Street: Men: Mondays 9.30 a.m. Women and Children: Thursday 9.30 a.m.

Appointments are notified to individuals after receiving particulars from general practitioners, etc.

(b) Mass Radiography Service. A mobile unit tours the area, visiting factories as well as holding public sessions offering free X-rays of the chest to anyone who desires. This is a valuable service, as apart from detecting tuberculosis in its earliest stages when it is most responsive to treatment it also detects other chest conditions so that the patient can take appropriate measures.

If the unit is not operating locally at the time, application should be made to the Medical Director, Mass Radiography Unit, Dryburn Hospital, Durham, for an appointment.

15. Venereal Diseases.

Confidential treatment is provided free at:—

(a) Newcastle General Hospital—Males and Females: Monday-Friday 10-12, 3-7 daily. Saturday, 11-12, 4-6 daily.

(b) Durham County Hospital—Monday and Thursday, Males 10.30, 11.30, 4.15-5.15. Monday and Thursday—Females 2.30-3.30.

16. Hospitals.

The hospitals in the area are controlled by the Durham Hospital Management Committee at Dryburn Hospital, Durham (Telephone 720/723 Durham).

Admission to any hospital should be arranged through the Beds Bureau at Dryburn Hospital.

Relton Hospital, Chester-le-Street, now renamed the General Hospital, Chester-le-Street, formerly mainly used for chronic cases, is in process of transformation to provide general medical and surgical facilities for patients. There are already weekly out-patient clinics for surgical and eye patients and it is hoped to open clinics shortly for Medical and Ear, Nose and Throat patients.

17. National Assistance Act, 1948.

Reference has already been made to Residential Hostel Accommodation provided by the County Council. In addition Temporary Accommodation is available for persons who are homeless through some unexpected event such as flooding, etc. Application should be made to the County Medical Officer, Health Dept., Shire Hall, Durham. Tel. No. Durham 980, Extension 275.

No action has been taken by the Rural District Council under Section 47 of the Act during the year.

Action was taken in one case, under Section 50, providing for the burial of a person found dead in the area without relatives, and it was not possible to recover cost.

Section C. Sanitary Circumstances of the Area.

1. Water.

Water is supplied to the district by three water undertakings namely the Newcastle and Gateshead Water Company, the National Coal Board (Lambton, Hetton and Joicey Group) and the Durham County Water Board. The distribution system is complex and in addition to direct supplies the Council distributes water.

As regards the council's mains, no extensions were made to the supply at Old Barley Mow during the year and the supply at Fatfield (obtained from the Newcastle and Gateshead Water Co.) remains constant and almost without exception of good quality. At Lumley the Durham County Water Board have laid a new main on the council's behalf to serve the new housing site. Generally the supply has been satisfactory but repeated trouble has been experienced from sand passing into the Council's mains causing silting up of house connections. Every endeavour is being made to remedy this as far as your council is concerned.

Periodic routine sampling of water has been carried out throughout the district and submitted for bacteriological examination as in previous years. The results have been classified in accordance with the Ministry of Health's Report 'The Bacteriological Examination of Water Supplies 1939.' Under this, over a year, not less than 50% should be Class 1, 80% should not fall below Class 2 and all samples should be in the first three classes*

As will be seen from the results 1939-1949 given below, water supplied by the Durham County Water Board is completely unsatisfactory. Every effort is being made to get this undertaking to improve supplies, but past experience has not been successful.

Class	Water supplied by Durham County Water Board.				Water supplied by other undertakings.			
	1	2	3	4	1	2	3	4
*	50+ %	80+ %	100%	nil	50+ %	80+ %	100%	nil
1939	3(16%)	1(22%)	5(48%)	10	22(65%)	5(74%)	6(98%)	1
1940	4(13%)	6(32%)	5(47%)	17	27(63%)	6(77%)	3(84%)	7
1941	15(43%)	10(72%)	4(83%)	6	35(64%)	8(79%)	3(84%)	9
1942	15(43%)	11(75%)	1(78%)	8	41(76%)	10(95%)	1(97%)	2
1943	15(34%)	4(43%)	16(78%)	10	32(70%)	7(85%)	4(94%)	3
1944	19(62%)	3(71%)	4(84%)	5	35(82%)	1(84%)	4(94%)	3
1945	19(71%)	0(71%)	1(75%)	7	37(79%)	4(88%)	3(94%)	3
1946	15(50%)	3(60%)	4(74%)	8	48(88%)	2(91%)	2(95%)	3
1947	10(39%)	2(47%)	7(74%)	7	33(64%)	6(75%)	7(89%)	6
1948	9(33%)	9(65%)	4(79%)	6	59(87%)	4(93%)	3(97%)	2
1949	11(25%)	10(48%)	2(53%)	21	27(64%)	4(74%)	5(86%)	6

In my 1948 report I outlined the proposals advanced by the Minister's Inspector, and I suggest on public health grounds a decision is overdue. Neither must the inhabitants be denied a pure water supply on the grounds of capital expenditure.

It is indeed remarkable, from a bacteriological point of view, that the water in the swimming baths is safer to drink than from some of the taps. Again a word of praise is due to the bath attendants for the continued excellent condition.

No water was chemically analysed during the year.

The following table shows the number of houses which have not water laid on; their means of supply, and the distribution in Parishes:—

	<i>Standpipes. Springs. Wells.</i>		
Birtley	46
Lamesley	3
Urpeth	15
Edmondsley	—
Sacriston	—
Harraton	7

2. Drainage and Sewerage.

The Surveyor to the Council has supplied me with the following information:—

Extensions of sewers were carried out as well as the relaying of defective sections. In all, almost a mile of various diameter pipes were laid.

The following schemes are still under consideration by the various authorities concerned:—

1. Outfall sewer to connect Grange Villa with Chester-le-Street U.D.C.'s sewer to Chester-le-Street Sewage Disposal Works. This scheme will replace the old works at Grange Villa.

2. New pumping station at New Lambton to deliver to the Sedgely Works of Houghton-le-Spring U.D.C. This scheme will replace the old works at Floaters Mill.

3. Outfall Sewer to connect up Walldridge Village with Chester-le-Street U.D.C.'s sewer to Chester-le-Street Sewage Works. This scheme will replace the works affected by subsidence at Walldridge.

4. New Outfall Sewer for the Northern half of the district draining to the River Tyne. The County Council do not favour the continued discharge of the untreated sewage into the River Tyne but this matter is under review. This scheme is of some magnitude and includes the reconstruction of the pumping station at Newtown, which is considerably overloaded at present. The position in this locality is particularly acute in view of the extensive industrial and housing development taking place and it is hoped that the provision of additional sewerage facilities will not be long delayed.

Generally speaking the condition of the old works at Grange Villa, Floaters Mill, Walldridge, and Pelaw Grange leaves much to be desired but the best is being made of bad conditions pending the new schemes being approved. Additional sludge lagoons have been provided at Floaters Mill and the filtering media at Grange Villa renewed.

3. Closet Accommodation.

Before the late War the Council put into operation schemes for conversion to water-closets, but it has not been possible owing to building restrictions and present sewage facilities to reintroduce this as yet.

Meantime the Council is prepared to consider applications from owners, including owner-occupiers, for a grant to assist in the cost of converting. A grant of up to £9 per conversion is made at present. Interested persons should make enquiry, in the first instance, at the Health Department.

The following are the figures for water-closets, etc., at present:—

Water Closets	...	...	...	10,238
Earth Closets	...	...	...	1,697
Privies	...	...	...	240

4. Public Cleansing.

The standard of this service has been well maintained, bins being cleared twice per week and ashpits once. All mechanical transport is employed and new replacements to the fleet acquired from time to time. The Council's vehicle maintenance staff has effectively supported the service. Further improvement to the service would be possible by the conversion of the remaining ashpits to the w.c. system, followed up by a municipal bin ownership scheme. Present economic difficulties do not permit this at present.

5. Sanitary Inspection of the Area.

Nuisances under the Public Health Act have again been largely abated by persuasion, it only being necessary to serve 30 formal notices. 460 informal notices were served, and 455 were complied with.

The Hobhouse Housing Survey is proceeding very slowly, although speed has been accelerated by the appointment of an additional Sanitary Inspector. Apart from record forms completed on ordinary business by the Inspectors throughout the area, the survey has only actually been completed for Lamesley.

A housing survey is necessary under the Housing Act, 1949, as well, but the information will be obtainable from the Hobhouse records.

The mass of detailed information required makes the task not only laborious but slow. It will be impossible at the present rate of progress to complete this within the next two years, which is I think, highly desirable in order that comparison may be made with the projected census. To do this would necessitate another inspector, on the scale recommended in the 1948 report.

Industrial development continues to occupy an increasing proportion of your inspectors' time.

The same policy has been followed with housing as last year, namely to preserve all accommodation wherever possible even although barely fit for human habitation.

6. Petroleum Consolidated Act, 1928.

35 licences were issued during the year for the storage of 29,830 gallons of petrol. 14 licences were issued for the storage of 606 tons, 1 cwts. 7 stone $3\frac{1}{2}$ lbs. of calcium carbide and one licence was granted for the storage of 5 gallons of naphtha.

7. Places of Public Entertainment (Cinemas, Public Houses, etc.)

Periodic inspection has continued throughout the year and action has been taken in the case of two cinemas to improve ventilation,

8. Rats and Mice (Destruction) Act, 1919. Infestation Order S.R. and O. 680 1943.

During the year 21 inspections of the sewage disposal works were carried out, with eight treatment. Altogether 200 test baits and 148 poison points were put down, with an estimated kill of 292.

The 15 tips used during the year received 40 inspections, with 15 treatments, 645 test baits and 538 poison baits being used, an estimated kill of 1,371 being obtained.

Two treatments were given to the sewer manholes in June and December, 132 being test baited, 260 treated and 13 found infested, an estimated kill of 175 being obtained.

Six treatments of the allotments throughout the area, with 147 test baits and 136 poison points, gave an estimated kill of 270 rats.

84 treatments of private dwellings were carried out, 1,514 test baits and 1,405 poison points being used and an estimated kill of 1,378 rats and mice.

35 Business Premises were inspected, 12 treatments being given, 635 test baits and 593 poison points were used with an estimated kill of 430 rats and hundreds of mice.

Four inspections were made on the river bank at Fatfield, and no rats were seen. Two small infestations were found on the bankside of streams at Fowler Terrace, Kimblesworth and Higgs & Hill, South Birtley, accounting for 65 rats.

A consolidated grant of half the irrecoverable expenditure is made by the Ministry.

No charge is made to the occupiers of private houses for the service, but a charge on a time and material basis is made to business premises.

Under the Prevention of Destruction by Pests Act, 1949, which will come into force in 1950, the service will continue but in addition, the Council will be able to compel owners and occupiers if necessary, to destroy rats and mice.

Information and advice is freely given at the Health Department.

The general condition of the area remains satisfactory, there being no heavy increase in rat population.

During the year one rodent control refresher course was attended by the Rodent Officer.

9. Swimming Baths and Pools.

During the year regular samples of water for bacteriological examination have been taken from the two swimming baths, and without exception the 18 samples were satisfactory, reflecting on the conscientiousness and efficient management.

10. Disinfestation, Eradication of Bed Bugs, Flies etc.

With the efficient insecticides now available, there is no justification for permitting breeding, as because of the long lethal effects, only occasional application is necessary.

The presence of vermin in Council property has caused some concern in that the infestations found have sometimes been very heavy, yet the tenant had not reported the matter for attention. Instructions had previously been sent to all tenants requesting them to report any infestations, and if this is to continue to be disregarded other measures will have to be adopted.

During the year 48 minor and 18 major infestations were dealt with.

The Council's tips continue to be periodically treated to prevent flies breeding.

The advice to cover all food, and to spray the walls of rooms given in the 1948 report is reiterated.

11. Schools.

School closure to check the spread of infectious disease was not necessary during the year.

12. Smoke observation.

Most concern is felt in the industrial parish of Birtley, where the combination of prevailing wind and contour ensures the congested residential portions receiving the fullest quota of emissions from factory chimneys. The position has, however, improved during the year, and is kept under continual review. The position would be greatly improved if byelaws could be secured, as mentioned in my 1948 report.

Domestic fires cannot be exonerated. The Council are installing approved appliances in their property, but unless they are used with the appropriate fuel the advantage is lost. As many of the tenants are entitled to "free" coal the position is difficult.

13. Tents, Vans and Sheds.

Last year I referred to the problem which might arise due to the increasing utilisation of caravans, etc., for housing and recommended the adoption of the current byelaws of the Ministry of Health.

The Council was successful in obtaining a byelaw operating in the Rural District with effect from January 1st, 1950, which is reproduced below. This will remove some of the complaints, but it cannot be regarded as satisfactory as the adoption of the model byelaws under the Public Health Act, 1936.

“ Byelaw made under section 249 of the Local Government Act, 1933, by the County Council of Durham with respect to the good rule and government of such part of the administrative county of Durham as is contained in the Rural District of Chester-le-Street.

Sites used by Casual Campers or Gypsies.

1. In the Rural District of Chester-le-Street no gypsy or squatter or other such person dwelling in a tent, booth, shed or similar structure or in a van, caravan or similar vehicle, shall occupy any land within 300 yards of any dwelling house so as to cause injury, disturbance or annoyance to the inmates of such house, after being requested to depart by any inmate of the house or by his servant or by any constable on his behalf.

Provided that this byelaw shall not apply to any person who is a roundabout proprietor, travelling showman or stall-holder and who is bona fide attending at or proceeding to any pleasure fair.

2. Every person who shall offend against the foregoing byelaw shall be liable on summary conviction to a fine not exceeding five pounds.”

14. Noise.

Complaints of noise are difficult to deal with, being primarily a matter for individual legal action by the sufferers. Complaints had been made of the noise made by “shows” and a byelaw was made by the County Council under the same section of the Local Government Act of 1933 referred to previously and having effect similarly from the 1st January, 1950. This provides:—

“Organs and Noisy Instruments.

1. In the Rural District of Chester-le-Street no person shall, in connection with any roundabout, show exhibition or perform-

ance, placed or held in any street or on any vacant ground adjoining or near to any street, make or cause to be made, any loud and continuous or repeated noise by means of any organ or other similar instrument to the annoyance of residents or passengers.

2. Every person who shall offend against the foregoing bye-law shall be liable on summary conviction for every such offence to a penalty of not exceeding five pounds."

SECTION D.—HOUSING.

Following the extensive survey carried out by the Council in 1946, it was estimated that some 3,000 houses were required, 2,731 dwellings being overcrowded and more than one family in 1,487 houses.

Building of Council houses commenced in 1947 after the War and the following is the progress:—

	1947	1948	1949
New Permanent Houses ...	62	216	171
Temporary Houses ...	101	0	0
Relets	52	108	71
	<hr/> 215	<hr/> 324	<hr/> 242

At this rate of progress it will take at least 8 years to provide the additional houses estimated in 1946, without taking into regard houses becoming unfit for occupation (there is still property occupied which was condemned before the War) and any increase in the number of families.

Rehousing relieved the following conditions:—

	1947	1948	1949
Condemned houses emptied	55	51	23
Overcrowding	179	218	75
Tuberculosis	35	29	8
Other Diseases	28	66	41
More than 1 family in house	102	102	79
Families evicted through no fault of own	—	—	5
Relets to Aged Persons ...	—	—	11

From this it will be seen that rehousing based on the Points scheme which gives effect to those with the greatest need can only cater for the most severe cases, and the position becomes worse with a reduction in the number of houses available.

Approximately half of the new houses were allocated to miners.

Some 81 exchanges were granted involving 173 families, largely relieving overcrowding, on health grounds and to place people nearer to work.

Exchanges may ameliorate the housing position, and the Council encourage such on a voluntary basis. Thus a tenant whose family has grown up and left may not require his full present accommodation so that a smaller house would not only suffice but be easier for the tenant to run.

Urpeth Hall was requisitioned for housing purposes and was suitably adapted to provide 8 housing units and has been occupied since April. A caretaker is installed to look after the communal portions, boiler, etc.

The Council refused to requisition for housing purposes, on the grounds that they could not be made fit for human habitation, Nissen type Huts occupied by "squatters" at the Quarry, Drill Hall and N.F.S. Hut at Birtley (see previous reports). During the year the huts at the Drill Hall and N.F.S. station ceased to be occupied and have been removed.

There are still cases demanding rehousing urgently on the grounds of individual and community health (e.g. tuberculosis with overcrowding) but who lack the requisite residential qualification and for which there is no special provision at present. As referred to in last year's report the single person living alone represents a problem in the economical use of houses, especially where the property is condemned for it delays completion of demolition and possible rebuilding on the site. The Aged and Single Persons' Retreat at Birtley may help to solve this problem when erected, but even this may not suffice, considering the increasing proportion of the aged.

The Housing Manager informs me that the waiting list for houses tends to increase rather than diminish.

The Housing Act, 1949, holds great promise, but it will be difficult to implement during present financial restrictions. The chief possibility is in the improvement of property. Emphasis has now shifted from "unfit" houses to houses possessing at least the minimum of modern amenities, and grants are made subject to certain conditions where the owner (who may be the occupier) is prepared to instal a bathroom, hot and cold water, water-closet, etc. Application must be made before any of the work is carried out, and a leaflet giving further details is obtainable from the Health Department.

During the year the Council gave exhaustive consideration to the Report on Selection of Tenants issued by the Ministry of Health and finding that the majority of principles were already embodied in the Council's point scheme, made minor alterations, deciding also to publish an explanatory leaflet on the scheme, which is available from the Housing Manager, 6, Red Rose Terrace, Chester-le-Street.

SECTION E.—INSPECTION AND SUPERVISION OF FOOD.

(a) Milk.

Pre-eminent as a food, especially for children, it is a pity that the milk position, particularly from the legislative aspect, has become confused, being dealt with by a multiplicity of organisations, without as yet effective co-ordination.

New legislation includes the Milk (Special Designations) Act, 1949, the Milk (Special Designations) (Pasteurised and Sterilized Milks) Regulations, the Milk (Special Designations) (Raw Milk) Regulations and Milk and Dairies Regulations, 1949.

The first enables the Minister of Food, over a period of years, to specify areas in which only designated milks may be sold. Accredited milk, which gives little or no guarantee of being free from tuberculosis, can still continue for 2 years: this designation should be abandoned forthwith.

The second brings in another designation "Sterilized" to which a joint Committee of the B.M.A. and National Veterinary Medical Association consider the description "Unfit for babies" might well be attached, and it seems a pity that the position has been complicated by another unsatisfactory designation.

No control can, in general, now be exercised by the Council over either producers or producer-retailers. Samples taken by the Council from these would not be recognised.

Routine sampling, therefore, devolves on the Ministry of Agriculture and Fisheries and on their results your Medical Officer has power to prohibit the sale of milk likely to spread infectious disease.

For effective control, frequent regular routine visits need to be paid to all producers and producer-retailers by officials of the Ministry of Agriculture and Fisheries. From the copy reports received in the office, it would appear such visits are very sporadic: no doubt the Ministry has a staffing problem, but the position does not augur well for the efficient control of milk.

The Joint Committee referred to above has issued a report very critical of the present position, and suggesting measures which go beyond those in force, which they consider practicable, and would better ensure that safe milk of high quality is produced.

(b) Ice Cream.

There is only one producer in your district, the premises being situated in the Southern Area. Apart from this all ice cream is brought in from other areas, making effective control difficult.

The Heat Treatment Regulations came into force during the year, and apart from the cold-mix method, require pasteurisation and subsequent keeping under specified temperatures. This will assist in obtaining a good bacteriological standard.

In November, 1949, a refrigerator was installed in the department to keep samples in until they could be transported to the laboratory.

Bacteriological examination of the 32 samples taken, showed 25 to be satisfactory.

There is also the nutritive aspect of Ice Cream. The Ministry of Food allowed extra allocations to producers guaranteeing a 2½% fat content, but did not prescribe a legal standard.

Repeated representations have been made by the Council on this point, for they could not accept the Ministry's contention that the fixing of a standard would diminish the quantity available and so was impracticable as they felt that a smaller quantity of a proper nutritive quality was desirable. As this report is written (Aug. 1950) a standard is being introduced by the Ministry.

Enforcement of fat content is a matter for the County Council as the Food and Drugs Authority.

(c) Meat and other Foods.

The Ministry of Food, which has taken over the central functions of the Food and Drug Acts, has set up a working committee to deal with the problem of cleanliness of foods. This subject is further dealt with under the section dealing with notifiable diseases.

Every effort is made by your officers to maintain the highest possible standard, but whilst one can insist on the proper premises and suitable facilities for washing, etc., it is impossible to compel individuals to adopt a high standard of personal hygiene. Only by increasing public awareness of the dangers can the ideal be brought about and individuals compel general action to this end.

However a sorry example is shown to the community by the Regional Slaughter House, which has been the subject of repeated adverse comments in previous reports, and the only solution would appear to be the erection of a modern abattoir.

Arrangements for meat inspection are as in previous years.

During the year two licences were issued to Slaughtermen under the Slaughter of Animals Act, 1933.

(d) Adulteration of Food.

Durham County Council is the body responsible for administration of the Food and Drugs Act (Adulteration Act) 1928, etc.

SECTION F. — PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

There was a decrease of 124 notifications in the year, 966 being received, of which 68 were not confirmed, against 1,090. This reduction is mainly due to the marked decline in Measles.

In considering this attention must be paid to the possibilities of under-notification enumerated on page 21 of the 1948 report.

Scarlet Fever.

176 notifications were received, against 189 the previous year, 164 being treated in hospital.

While no deaths occurred, the continued existence of this disease raises misgivings as to what would happen should the type revert to that experienced many years ago: the difficulties in prophylaxis have been enumerated in the 1948 report.

Except in the case of very young children and adverse home circumstances, Scarlet Fever would be better treated at home in its present form. Adoption of this policy in other areas has led to a reduction in cross-infection which may occur in hospitals.

Diphtheria.

10 notifications, again without a single death, were received against 6 of the previous year.

Again the necessity for immunisation is urged, and consideration of the report issued in 1950 of experience of severe types in Gateshead points to the importance of securing a high level of immunisation particularly amongst pre-school children.

It has been possible to compare the level from the County Medical Officer's Report for 1948, from which it will be seen that the Rural District had a higher percentage of Children under 5 immunised up to December 1946 (78%) than any other area in the County. By 1948 the percentage had declined to 41% and third place in the Rural Districts. In 1949 433 were immunised, giving a figure of 42% for the under 5's at December 31st, 1949.

A survey of a National Sample of Children aged 2 in March, 1948, has been carried out (Monthly Bulletin of the Ministry of Health, June, 1950) and the information given therein demands serious consideration :

(a) 14 out of every 100 male infants under 3 contracting diphtheria died in 1946, whereas only 1.9 per 100 aged 5-9. The fatality is much higher in pre-school children.

(b) Immunisation at an early age, say 8 months, both protects the pre-school child from a serious, perhaps fatal, infection and also decreases the likelihood of getting diphtheria when he enters school. Complete immunity cannot be guaranteed and the Ministry recommend a " boosting " dose on entering school.

(c) First children were immunised more frequently than subsequent ones in all classes. This is unfortunate as there is more risk in larger families, particularly if overcrowding is present.

(d) Immunisation was more frequently carried out in Professional and Salaried workers families than in those of other groups.

(e) Where the information was available, 88% of immunisations were carried out at clinics.

(f) The survey found that 71% of the survey children had been immunised before their 2nd birthday.

This survey was carried out before the introduction of the National Health Service Act and the difficulties of securing immunisation in this class are no easier. The initiative rests with the parents, and any decline in attendances at Centres (which has been found in other areas) must make the problem worse. One can only hope that mothers will realise the necessity, and either take the child to their own doctor or a centre.

As regards school children, the position is more satisfactory, 81% of the children aged 5-15 had been immunised to December 1946 (4th place in rural districts in the County) and by December, 1948, 85% with a movement to third place. 11 children were immunised in 1949, the percentage declining to 80%, 36 children

receiving a "booster" dose. Whilst the position as a whole is satisfactory, the decline must cause apprehension and demand more intensive efforts.

To be completely satisfactory we must reach an immunisation level of at least 75% children of both groups. My 1948 report gives details of the experience suffered in the U.S.A. through relaxation, and points out that whereas the Rural District Council offered immunisation from 1936 onwards, the results were disappointing until 1944. The widespread National Publicity, and sustained concentrated local effort reversed this, but the disappearance of Diphtheria as a fatal disease in the area may have lulled the public into a false sense of security.

Poliomyelitis.

Although seven notifications were originally received none were confirmed.

Poliomyelitis may be so slight that it avoids detection, likewise the virus has been obtained from healthy adults.

The whole story of poliomyelitis is not yet known, but it differs from other infectious diseases. It avoids the overcrowded house, and strikes where the child is living under good conditions. There are various theories, and it is hoped that with more knowledge the disease can be conquered.

Polioencephalitis.

The deaths include one case which occurred elsewhere, but as normally resident in the district this has been included.

Smallpox.

No cases have occurred in the district since 1931.

32 persons were vaccinated, and 2 revaccinated in the period 5.7.48 - 31.12.48 (County M.O.H.'s Report), 1949 figures not yet being available.

Concern must again be expressed at the vaccinated state of the community, which has markedly worsened since the introduction of the National Health Service Act and consequent repeal of the Vaccination Acts.

The regrettable occurrences at Glasgow should serve as a reminder to mothers of the importance of vaccination in infancy, and this can be done either by your own doctor or at a clinic (see Section B).

Enteric Fever, Typhoid and Paratyphoid.

During 1949 there was an outbreak of paratyphoid at Jarrow and Hebburn and three cases occurred in your district.

Investigation of the cases led to the finding of a daughter carrying paratyphoid yet symptomless in one household, who may have been the cause of illness in that household, or infected by her mother. In another case the grandmother was found to have had typhoid 20 years before, and to be a carrier of typhoid.

No connection could be established between the cases outside and within the area: in the case of the typhoid carrier it would have been easy to suggest that her daughter had been infected by her, were it not for the fact that the daughter had been ailing for some months with a disease proved to be paratyphoid and not typhoid.

These cases serve as a reminder for the necessity of washing hands after using the lavatory (for this is the way infection can be carried) and the maintenance of proper means of disposal of excreta. Whilst not incriminated in these cases, earth closets and privies represent a potential danger and provide a cogent argument for the completion of proper sewage disposal systems as visualised previously in this report.

Cerebro-Spinal Fever.

Only two cases were notified, compared with 4 the previous year, and 9 in 1947.

One death was recorded.

Measles.

Notifications show a decline this year from 520 in 1948, to 372.

There were no deaths.

As we have not yet obtained a satisfactory immunising agent, it can be said that a mild attack of measles in a child aged 5 or over may have merits in conferring immunity. Where measles has been absent for years from an isolated community, its introduction has caused a widespread epidemic with fatalities at all ages, the community not having acquired any "immunity."

At the same time measles is a serious disease in infants, but here temporary protection can be afforded.

Whooping Cough.

On the other hand Whooping Cough has increased, there being 140 notifications against 117 and it is regrettable to note two deaths this year, against one previously.

Whooping cough is particularly serious and dangerous for infants and toddlers, especially under 1 year.

It is important, therefore, that the doctor should be called in immediately any child takes ill, and complete isolation, particularly before the whoop develops, carried out at home if there are babies in the house.

Immunisation to whooping cough, in the same way as Diphtheria, is the solution and as soon as an effective measure has been found it should be widely adopted.

Pneumonia.

125 notifications were received against 120 the previous year. As over half occurred in Jan./March quarter it would appear that this was a continuation of an epidemic commencing in December, 1948, in which month there were nearly one quarter of the total 1948 notifications. Increased prevalence is of course to be expected in the winter months, and the susceptibility of the very young and aged (see Table 16) warrants precautions against respiratory infections. Comparing with 1948, there has been a decline up to age 25, but a doubling of cases over 65.

There has, however, been a slight decline in deaths from 16-14 no doubt due to the efficient therapeutic measures now available: but this should not blind us to the fact that little has been done on the preventive side.

Tuberculosis.

Although the incidence of tuberculosis (see Table 4) is higher than would be expected than the average figures for England and Wales there was a reduction in the notifications (38 against 57) of Pulmonary Tuberculosis with 21 deaths (same).

There was a slight increase in the notifications for non-pulmonary (17 against 15) but a marked reduction of deaths (2 against 6).

The numbers of deaths from pulmonary tuberculosis do not by themselves give concern, but when one considers the age at death a different picture is painted.

Of all deaths in the 16-25 age group, pulmonary tuberculosis was the cause in 45.4% and similarly nearly 26% of those 26-45. Pulmonary tuberculosis claims its victims in the best years of life.

At present the Tuberculosis service functions under two masters. The County Council is responsible for the "prevention" of tuberculosis: the Regional Hospital Board for all forms of treatment. There is a danger generally throughout the country, that the former may suffer at the expense of promotion of the latter.

The District Council has especial responsibility in the provision of housing, and in this disease it is of extreme importance. Whilst recognising the difficulties confronting the council, it is probably the best approach to dealing with the disease.

If housing conditions were better, not only would there be better prospects both for the individual and the community but pressure on hospital and sanatoria beds would be relieved and they could take on their proper perspective of dealing with those most likely to benefit from this form of treatment. The recent results of domiciliary treatment, enforced by necessity, confirm this view.

Tuberculosis is a national problem, especially in the Northern areas where it is worse than in the South (thus accounting for our figures which are worse than the average for the whole country), and demands a crusade by all the parties controlling the factors, not least the public who can, for example, use the facilities afforded by mass X-ray to detect the disease in its earliest form.

Concomitant with this must go the efforts for pasteurisation of milk, which is more fully discussed elsewhere in the report.

Dysentery.

One case was notified during the year, but this is probably not correct as there may be many cases not severe enough to demand medical attention and therefore not notified. The position is similar to that of Food Poisoning which is dealt with below.

Food Poisoning.

There have been no outbreaks, but like dysentery, mild cases may occur and not reach our attention.

All foodhandlers, whether in factory canteen, food premises or the housewife herself, have especial responsibilities.

The particular ways in which this can be done are as follows. Firstly strict personal hygiene (washing hands after using lavatories, covering cuts and spots, etc.) and minimising the handling of foodstuffs.

Precautions must be particularly taken with food which is not heated before eating, such as cream fillings, cooked meats, etc., and in addition, the food should be kept cold rather than allowed to stand in a warm room to minimise the multiplication of bacteria.

Individual advice has been given to groups of foodhandlers, and lectures to organisations. This service will be extended next year.

The Ministry of Food prepared some new model byelaws and the Council decided in December, 1949, to apply for the introduction of these to the Rural Area.

Cancer.

87 deaths (43 males and 44 females) were recorded during the year against 68 in 1948. 82 deaths were aged over 45, and half the deaths were aged over 65.

Most of the increase was recorded in cancer of the peritoneum, rectum, etc., group: nineteen more deaths being noted.

It is, of course, inevitable that with an ageing population the proportion of deaths from cancer must increase, as this is mostly a disease of later life.

The most important factor is early treatment, which can usually afford good prospect of cure, and one can reiterate the advice of the 1948 report that anyone of middle age who notices any divergence from normal health should seek advice immediately.

Vital Statistics.

TABLE 1.

The following table gives the vital statistics of the district for 1949 and previous years :—

Year.	Estimated Resident Population Mid-Year.	Births.		Deaths.		Infant Mortality Rate. †	Maternal Mortality Rate. §
		No.	Crude Rate.*	No.	Crude Rate.*		
1939	42,150	642	15.1	508	12.0	82	9.03
1940	40,080	750	17.5	509	12.7	64	4.00
1941	39,450	730	17.4	511	12.9	70	1.39
1942	38,610	661	16.4	500	12.9	89	1.51
1943	38,110	695	17.3	484	12.7	70	4.32
1944	38,780	808	20.0	449	11.6	75	3.72
1945	39,190	778	19.0	480	12.2	64	2.57
1946	40,720	907	21.4	452	11.1	47	0.00
1947	40,970	845	20.6	482	11.7	56	1.14
1948	40,850	851	20.8	438	10.7	50	3.45
1949	41,270	714	17.3	490	11.9	46	0.00

* Per 1,000 population. (total).

† Per 1,000 live births. (registered).

§ Per 1,000 (live and still) births. (registered).

TABLE 2.

				1896.	1921.	1949.
Population	...	...	...	58,000	71,580	41,270
Births	...	...	...	2,157	2,298	714
Crude Birth Rate	...	...		38.09	31.82	17.3
Deaths	...	...	...	1,083	851	490
Crude Death Rate	...	...		19.00	13.03	11.9
Infant Deaths	...	...	...	394	270	33
Infant Mortality Rate	...			182	117	46
Deaths from the 7 principal Zymotic Diseases	...	...		212	126	3
Scarlet Fever Cases	...	...		553	378	176
Typhoid Fever Cases	...	...		108	6	5
Diphtheria Cases	...	...		57	130	10

TABLE 2a.

Estimated Civilian Population of Rural District by Age and Sex on the 30th June, 1949, based on Registrar General's Estimate of 31.12.47 with subsequent increase proportionately distributed.

		<i>Male</i>	<i>Female</i>
All Ages.	...	20378	20702
0-4 yrs.	...	1861	1769
5-14 yrs.	...	2998	2955
15-17 yrs.	...	913	908
18-19 yrs.	...	308	642
20-24 yrs.	...	1459	1732
25-34 yrs.	...	3129	3063
35-44 yrs.	...	3181	2965
45-54 yrs.	...	2620	2773
55-64 yrs.	...	2027	2029
65-74 yrs.	...	1372	1359
75-84 yrs.	...	478	445
85 up	...	32	62

TABLE 3.

Deaths.

The following table shows the classification of deaths from all causes (Registrar General's figures) :—

Causes of death.						Male.	Female.
ALL CAUSES	...	...	...	...	...	253	237
1. Typhoid fever, etc.	...	...	...	...	...	—	—
2. Cerebro-spinal fever	...	...	...	...	...	1	—
3. Scarlet fever	...	...	...	...	...	—	—
4. Whooping cough	...	...	...	...	...	1	1
5. Diphtheria	...	...	...	...	...	—	—
6. Respiratory tuberculosis	...	...	...	...	...	8	13
7. Other tuberculosis	...	...	...	...	...	1	1
8. Syphilis	...	...	...	...	...	1	—
9. Influenza	...	...	...	...	...	1	2
10. Measles	...	...	...	...	...	—	—
11. Acute Poliomyelitis	...	...	...	...	...	1	—
12. Acute Encephalitis	...	...	...	...	...	—	—
13. Cancer of Buccal cavity, oesophagus and Uterus	...	...	...	...	...	2	4
14. Cancer of Stomach and Duodenum	...	...	...	...	...	12	7
15. Cancer of Breast	...	...	...	...	...	—	9
16. Cancer of all other sites	...	...	...	...	...	30	23
17. Diabetes	...	...	...	...	...	—	2
18. Intracranial Vascular lesions	...	...	...	...	...	27	25
19. Heart Disease	...	...	...	...	...	87	83
20. Other diseases of circulatory system	...	...	...	...	...	5	9
21. Bronchitis	...	...	...	...	...	14	7
22. Pneumonia	...	...	...	...	...	10	4
23. Other respiratory diseases	...	...	...	...	...	4	4
24. Peptic ulcer	...	...	...	...	...	4	2
25. Diarrhoea under 2 years	...	...	...	...	...	1	—
26. Appendicitis	...	...	...	...	...	—	1
27. Other digestive diseases	...	...	...	...	...	2	5
28. Nephritis	...	...	...	...	...	4	8
29. Puerperal and Post Abortion sepsis	...	...	...	...	...	—	—
30. Other maternal causes	...	...	...	...	...	—	—
31. Premature birth	...	...	...	...	...	7	4
32. Congenital malformation	...	...	...	...	...	6	4
33. Suicide	...	...	...	...	...	2	1
34. Road traffic accidents	...	...	...	...	...	1	—
35. Other violent causes	...	...	...	...	...	11	3
36. All other causes	...	...	...	...	...	10	15

Note : Deaths of non-civilians not included as per Registrar-General's letter of 26th May, 1950.

TABLE 4.

This table gives the number of deaths, etc., which would have been expected in the Rural District had the same rates prevailed as in the whole of England and Wales in 1949. An underlying assumption of this table is that the age/sex constitutions are comparable.

DEATHS.	<i>Expected.</i>	<i>Occurred.</i>
All causes	483	490
Whooping Cough	1	2
Acute Poliomyelitis and Polioencephalitis	1	1
Tuberculosis (all Forms)	18	23
Pneumonia	21	14
Influenza	6	3
Diarrhoea and Enteritis (under 2 years)	2	1
Infants under 1 year all causes ...	23	33
Still Births	16	18
Maternal Deaths	1	0
LIVE BIRTHS	689	714
NOTIFICATIONS—		
Typhoid	1	1
Paratyphoid	1	4
Cerebrospinal Fever	1	2
Scarlet Fever	67	176
Whooping Cough	98	140
Diphtheria	2	10
Acute Poliomyelitis	5	0
Acute Polioencephalitis	1	1
Food Poisoning	6	0

TABLE 5.

The following were the chief causes of death during the year :—

	Cause.	Death.	Percentage of Total Deaths.
1. {	Diseases of Heart	236	48.1
	Cerebral Haemorrhage and other Circulatory diseases ... }		
2.	Cancer	87	17.7
3.	Respiratory Diseases	43	8.7
4.	Tuberculosis (all forms) ...	23	4.7
5.	Violence—		
	1 road traffic deaths	18	3.6
	14 other violent causes		
	3 suicide		

TABLE 6.

AGE AT DEATH	1949 No. of deaths	1949 % total deaths	1948 % total deaths
Under 1 year	33	6.7%	9.8%
1-5 years	8	1.6%	1.8%
5-15 years	5	1.0%	0.9%
15-25 years	11	2.2%	2.9%
25-45 years	35	7.2%	5.7%
45-65 years	124	25.4%	30.1%
65 years and upwards	274	55.9%	48.8%

TABLE 6A.

SURVIVAL IN THE RURAL DISTRICT.

AGE AT DEATH	1949 No. of deaths	1949 % total deaths	1948 % total deaths
UNDER			
1 year	33	6.7%	9.8%
5 years	41	8.3%	11.6%
15 years	46	9.3%	12.5%
25 years	57	11.5%	15.4%
45 years	92	18.7%	21.1%
65 years	216	44.1%	51.2%
ALL AGES	490	100%	100%

Note. This table has been introduced as the method previously employed, and given in Table 6, has certain disadvantages. For example, taking deaths at the age group 25-45 the percentage obtained by Table 6 has increased (7.2% against 5.7%) but this is more than offset by the reductions at ages under 25, so that comparing *all* deaths up to age 45 as a group, deaths comprised 18.7% against 21.1% in 1948. It will therefore be appreciated that reduction in mortality at younger ages must increase the mortality of older groups, and it is pleasing to note the increase over age 65.

TABLE 7.

Extracts of Vital Statistics.

Live Births :				Total.	M.	F.
Legitimate	...	...	...	696	369	327
Illegitimate	...	...	...	18	7	11
Crude Birth rate per 1,000 of the estimated resident population				...	...	17.3
Birth Rate per 1,000 women aged 25-45, 99.9.						
Still Births : (9 Female, 9 Male)						
Rate per 1,000 total (live and still) births...				...	...	24.6
				Total.	M.	F.
Deaths	...	...	...	490	253	237
Crude Death rate per 1,000 of the estimated total resident population				...	...	11.87
Deaths from puerperal causes (headings 29 and 30 of the Registrar-General's Short List) :— Nil.						
Death rate of infants under one year of age :—						
All Infants per 1,000 live births (Registered)				...	...	46
Legitimate infants per 1,000 legitimate live births (Registered)				...	...	47
Illegitimate infants per 1,000 illegitimate live births				„	„	55
Deaths from Cancer (at all ages)				...	...	87
Deaths from Measles (at all ages)				...	...	—
Deaths from Whooping Cough (all ages)				...	...	2
Deaths from Diarrhoea (under 2 years of age)				...	...	1

TABLE 8.

BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR 1949.

	Rate per 1,000 Total Population.		Annual Death-rate per 1,000 Civilian Population.								Rate per 1,000 Live Births. (Registered).	
	Live Births	Still Births.	All Causes.	Typhoid and Para-Typhoid Fevers.	Acute Poliomyelitis and Polioencephalitis.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Diarrhoea and Enteritis (under two years).	Total deaths under one year.
											3.0	32 (b)
England and Wales ...	16.7 (a)	0.39 (a)	11.7 (a)	0.00	0.02	0.60	0.00	0.01	0.00	0.15	3.0	32 (b)
126 County Boroughs and Great Towns, including London ...	18.7	0.47	12.5	0.00	0.01	0.00	0.00	0.02	0.00	0.15	3.8	37
148 Smaller Towns estimated Resident Populations 25,000 to 50,000 at Census, 1931 ...	18.0	0.40	11.6	0.00	0.02	0.00	0.00	0.01	0.00	0.14	2.4	30
London ...	18.5	0.37	12.2	0.00	0.01	0.00	0.00	0.01	0.00	0.11	1.7	29
Chester-le-Street R.D. ...	17.3	0.44	11.9	0.00	0.02	0.00	0.00	0.05	0.00	0.07	0.02	46

The maternal mortality rates for England and Wales are as follows :
 per 1,000 Live & Still Births (related) 0.22 0.76 0.98
 (a) Per 1,000 total population : remainder per 1,000 civilian population.
 (b) Per 1,000 related live births, remainder per 1,000 registered.

TABLE 9.

INFANT DEATH ANALYSIS.

CAUSE OF DEATH.	Under 1 week	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 4 Weeks.	1—3 months.	3—6 months.	6—9 months.	9—12 months.	Total Deaths under 1 year.
Convulsions	1	...	...	...	1	...	...	...	...	1
Pneumonia	1	...	...	...	1	2	3	2	...	8
Premature Birth	9	2	...	...	11	1	...	...	...	12
Neo-Natal Infection	...	...	...	...	...	...	1	...	...	1
Congenital Malformation...	1	...	...	...	1	...	1	...	...	1
Intussusception	...	...	...	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	...	...	...	...	...
Accidental Deaths	...	...	...	...	...	1	...	...	...	1
Septicaemia	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	...	...	...	2	...	...	...	...	2
Duodenal Obstruction	1	...	...	...	1	...	...	...	...	1
Haemorrhage	1	...	...	...	1	...	...	...	...	1
Spinal Bifida	1	...	...	...	1	1	...	...	...	2
Whooping Cough	...	...	...	...	...	...	1	...	...	1
Pyrexia	...	...	...	...	...	1	...	...	...	1
TOTAL	17	2	...	...	19	6	6	2	...	33

TABLE 10.

STATISTICS OF THE 15 PARISHES FORMING THE CHESTER-LE-STREET RURAL DISTRICT.

		Electoral Register 15.3.49.	Acreage (acres)	No. of Inhabited Houses.	Estimated Civilian Population 30.6.49.	Persons per acre	Deaths	Death Rate per 1,000 Population.
Biddick South	...	29	348	11	40	0.1	0	0
Birtley	...	8120	1429	3090	11720	8.2	134	11.4
Bourne Moor	...	1147	513	476	1720	3.4	12	7.0
Edmondsley	...	1026	2099	437	1550	0.7	10	6.5
Harraton	...	2139	2669	846	3150	1.2	41	13.0
Lambton	...	64	697	28	100	0.1	9	90.0
Lamesley	...	2497	6679	981	3660	0.6	44	12.0
Lumley Great	...	857	1642	359	1290	0.8	17	13.2
Lumley Little	...	1046	875	391	1370	1.6	16	11.7
Onston	...	686	641	278	1010	1.6	10	9.9
Pelton	...	4071	926	1677	6060	6.5	99	16.3
Plawsworth	...	1045	1249	453	1600	1.3	15	9.4
Urpeth	...	1486	1825	614	2200	1.2	15	6.8
Waldrige	...	470	725	190	690	1.0	5	7.2
Saerston	...	3162	943	1409	4900	5.2	63	12.9
		27845	23261	11240	41080		490	

Notes:

- (a) This table incorporates data previously given in Tables 4 and 10.
 (b) 41,080 is Registrar General Estimate of Civilian Population on 30.6.49.
 (c) Assuming all houses equally occupied, an average of 3.66 persons in each house in the rural district.
 (d) Population of parishes previously estimated from (b) and (c). In this case the estimate is the mean of (i) estimation by previous method and (ii) estimation based on electoral registrar adjusted to date.
 (e) No estimation is possible of the constitution of local populations by age, hence the wide quotations may be possible without any untoward health factors.
 (f) Care must be taken in interpreting statistics bearing in mind data from which obtained (see 1948 report and notes commencement of this Report).

SANITARY INSPECTION OF THE AREA.

TABLE 11.

Summary of Notices Served.

Description.	Number of Informal Notices Served.	Number of Formal Notices Served.	Number of Notices Complied With.	Remarks.
Foul Conditions ...	9	...	9	
Structural Defects ...	285	30	280	
Overcrowding ...	...	...	...
Dairies and Milk Shops...	7	...	7	
Cowsheds... ..	8	...	8	
Bakehouses ...	9	...	9	
Ashpits and Privies ...	47	...	47	
Deposits of Refuse ...	...	...	...
Water Closets ...	21	...	21	
Defective Yard Paving	22	...	22	
Defective Traps ...	2	...	2	
Defective Drains ...	20	...	20	
Defective Water Supply	15	...	15	
Pigsties	2	...	2	
Defective Ashbins ...	...	...	...
Other Nuisances ...	...	...	...
Smoke Nuisances ...	13	...	13	
Totals	460	30	455	

TABLE 12.

Summary of Works carried out.

Roofs repaired	131
Chimney Stacks repaired	16
External walls repaired	25
Internal walls repaired	198
Ceilings repaired	71
Windows repaired	65
Doors repaired	30
Spouting repaired	91
Drains repaired	20
Kitchen ranges repaired	54
Water closets repaired, etc.	31
Waste pipes repaired	11
Water supplies repaired	23
Outhouses repaired	17
Slopstone sinks repaired	7
Yards repaired	22
Ash closets repaired	47
Foul conditions remedied	3
Bins provided	16
Stairs repaired	2
E.C.s converted into W.C.s	27
Pantries repaired	19
Tanks repaired	1

TABLE 13.

Carcases Inspected and Condemned.

		Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed (if known)	...	1275	129	49	4836	119
Number inspected	... ..	1275	129	49	4836	119

All Diseases except Tuberculosis.

Whole carcasses condemned	...	2	9	3	6	1
Carcases of which some part or organ was condemned	...	487	52	—	42	9
Percentage of the number inspected affected with disease other than tuberculosis	...	38.5	47.2	6.1	0.99	8.4

Tuberculosis only.

		Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Whole carcasses condemned	...	3	3	—	—	—
Carcases of which some part or organ was condemned	...	204	39	—	—	—
Percentage of the number inspected affected with tuberculosis	... ..	16.2	32.7	—	—	—

TABLE 14.

The following meat and other foods were condemned and dealt with in accordance with the instructions of the Ministry of Food.

			<i>st.</i>	<i>lbs.</i>				<i>st.</i>	<i>lbs.</i>
Livers	...	...	475	12½	Skirt	...	...	2	
Lungs	...	...	138	0	Offal	...	...	57	0
Heads & Tongues	...	...	120	8	Pigs...	...	...	12	11
Fats	...	...	40	4	Suet	...	...	1	6
Bovine Udders	...	...	21	5	Intestine	...	...	2	12
Plucks	...	...	13	0	Pork	...	...	5	5½
Beef	...	...	818	12½	Viscera	...	...	68	11
Mutton	...	...	27	9½					
Tripe	...	...	2	8				1795	7
Guts	...	...	6	12					

Total:—11 tons, 4 cwts, 1 qr., 1st, 7 lbs.

Other Foods.

	<i>sts.</i>	<i>lbs.</i>	<i>ozs.</i>		<i>sts.</i>	<i>lbs.</i>	<i>ozs.</i>
Tinned Meat	39	1	3	Boneless Beef	2	0	0
„ Tomatoes	3	5	0	Tomatoes	5	12	0
„ Fruit	6	1	8	Cheese		2	8
„ Milk	21	5	15	Margarine		4	0
„ Vegetables	12	6	8	Kippers	2	0	0
„ Fish	10	8	1	Fish	11	11	0
„ Soup		8	12	Preserves	3	5	0
„ Puddings			12	Biscuits		12	0
„ Syrup	1	4	0	Cooking Fat	10	7	0
„ Peas	3	8	12	Eggs-Dried	2	10	5
„ Jam		7	8	Nuts		12	0
„ B. Pudd'g		2	0	Malt	1	0	0
„ Beans		5	8½	Mincemeat		5	0
„ Sausage		1	0	Almond Paste		4	8
Pies	1	3	0	Cakes	8	3	0
Sugar	10	3	0	Currants	58	4	0
Cereals	2	0	0	Chocolate Spread		3	0
Flour	72	0	0	Eggs	4	4	12
Butter	6	6	2				
Jellies	2	0	12		309	9	0½
Bacon	2	11	10				

Total weight condemned:—

1 ton, 18 cwts, 2 qrs., 1 st., 9 lbs., 0½ oz.

TABLE 15.
Infectious Disease Notifications since 1940.

DISEASE.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Smallpox ...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	50	64	111	144	93	70	49	59	189	176
Diphtheria ...	69	82	104	113	115	60	36	12	6	10
Enteric Fever ...	...	3	...	...	...	...	...	...	...	5
Cerebro-Spinal Fever	4	10	7	6	7	5	10	9	4	2
Polio-myelitis ...	...	...	...	...	...	...	...	13	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...
Pneumonia ...	78	81	97	90	126	83	94	70	120	125
Puerperal Pyrexia ...	7	8	5	7	3	5	2	7	4	4
Erysipelas ...	24	26	25	37	24	25	11	8	20	8
Ophthalmia Neonatorum	4	2	4	5	7	2	1	2	3	...
Dysentery ...	...	...	...	...	4	...	1	2	...	1
Tuberculosis—Pulmonary	38	45	47	26	36	33	58	55	57	38
Non-pulmonary	17	20	21	17	14	10	22	20	15	17
Measles ...	1033	185	470	335	253	648	233	406	520	372
Whooping Cough	34	190	56	96	88	95	131	37	117	140
† Diagnosis not confirmed.	...	...	...	...	68	42	30	35	35	68

† Due to Quarterly Infectious Return

TABLE 16.

INFECTIOUS DISEASES 1949.

NOTIFIABLE DISEASES.	AT AGES—YEARS.							TOWNSHIPS.													Total No. Notified.	Hospital. Removed to															
	Under 1	1 to 5	6 to 15	16 to 25	26 to 45	46 to 65	66 up.	At all ages.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.			Biddick South	Bournmoor	Edmondsley	Harraton	Lambton	Lamesley	Lumley, Great	Lumley, Little	Ouston	Pelton	Plawsworth	Urpeth	Walbridge	Sacriston	
Diphtheria	4	4	1	1	10	1	...	1	1	2	1	1	1	1	...	1	2	...	1	...	1	6	10	10	
Encephalitis Lethargica		
Enteric Fever	2	...	1	1	1	5	...	...	...	...	...	2	2	1	...	...	...	...	2	2	2	1	...	...	...	...	...	...	...	...	...	5	5		
Erysipelas	5	2	1	8	1	1	...	1	1	...	...	1	1	...	2	...	...	4	...	...	...	...	...	...	1	3	...	...	...	2	5		
Ophthalmia Neonatorum		
Pneumonia ...	26	24	11	8	18	21	17	125	31	18	15	11	9	8	10	3	2	2	6	10	...	28	1	7	8	...	14	...	1	16	6	5	2	37	125	59	
Puerperal Pyrexia	1	3	...	...	4	1	...	...	...	...	...	...	1	...	...	2	...	...	3	...	...	...	1	...	...	...	...	...	...	...	4	4		
Scarlet Fever ...	1	82	75	11	7	...	...	176	5	16	17	19	17	16	33	12	9	11	8	13	...	44	2	9	6	1	14	...	2	22	9	2	55	176	164
Small-pox		
Tuberculosis—Pulmonary	...	3	1	12	15	6	1	38	4	3	5	2	4	8	3	1	3	1	1	3	...	19	1	2	1	1	1	1	...	1	2	...	1	...	2	38	...
„ Non-pulmonary	...	3	5	6	3	17	4	2	2	1	...	2	2	1	3	...	4	...	1	1	5	...	1	...	5	17	...	
Cerebro-Spinal Fever	...	2	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	2	2
Dysentery	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1		
Diagnosis not Confirmed	...	12	20	21	13	2	...	68	14	10	1	3	5	3	2	5	6	9	6	4	...	7	...	5	3	...	3	...	2	...	3	4	41	68	68
Totals ...	27	130	118	60	67	32	20	454	61	50	41	39	38	40	51	25	23	25	27	34	...	113	4	26	22	2	34	1	4	4	55	22	17	4	146	454	318

TABLE 17.

The attack rates of the notifiable diseases per 1,000 of the civilian population for the Rural District, compared with the rates for England and Wales are shown on the following table :—

Disease.				Chester-le-Street Rural District.	England and Wales.
Scarlet Fever	...	...	...	4.28	1.63
Diphtheria	...	...	...	0.24	0.04
Typhoid	...	...	...	0.02	0.01
Paratyphoid	...	...	...	0.1	0.01
Erysipelas	...	...	...	0.19	0.19
Pneumonia	...	...	...	3.04	0.80
Cerebro Spinal Fever			...	0.04	0.02
Whooping Cough	...	...	...	3.41	2.39
Measles	...	...	...	9.05	8.95

TABLE 18.

Infectious Disease in Children (under 15).

These rates may give truer comparison if compared with similar rates for other areas :—

Scarlet Fever	16.5	notifications per 1,000 children under 15.
Diphtheria	0.8	do.
Whooping Cough	14.6	do.
Measles	38.8	do.

TABLE 19.
CANCER DEATHS (AGE GROUPS AND SITES).

AGE GROUP	Buccal Cavity		Stomach, Liver, etc.		Peritoneum, Intestines, Rectum, etc.		Skin		Lungs		Breast		Female Genital Organs		Prostate and Bladder		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	F.	F.	F.	F.	M.	F.	M.	F.
5—	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...
20—
25—
35—
45—
50—
55—
60—
65 and upwards
TOTAL	2	2	13	11	16	16	...	...	7	2	9	4	5	...	43	44	...	...

TABLE 20.

New cases and mortality from Tuberculosis during 1949 :—

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-pulmonary		Pulmonary.		Non-pulmonary.	
	M	F	M	F	M	F	M	F
1-5 ...	2	—	2	—	—	—	—	—
5-15 ...	1	1	3	3	1	1	—	—
15-25 ...	3	8	2	3	1	4	—	—
25-35 ...	4	6	—	2	—	2	1	—
35-45 ...	4	2	—	1	2	5	—	1
45-55 ...	5	—	—	1	2	—	—	—
55-65 ...	1	—	—	—	2	1	—	—
65 & over	1	—	—	—	—	—	—	—
Totals ...	21	17	7	10	8	13	1	1

TABLE 21.

Notifications and deaths occurring in the Rural District during the past five years.

Year.	Pulmonary Tuberculosis.		Non-Pulmonary	
	Notifications.	Deaths.	Notifications.	Deaths.
1945	33	25	10
1946	58	19	22
1947	55	14	20
1948	57	21	15
1949	38	21	17

The number of cases on the Tuberculosis Register were as follows :—

	Pulmonary		Non Pulmonary		Total.
	M.	F.	M.	F.	
December 31st 1948	171	135	75	98	479
December 31st, 1949	171	144	78	101	500*

* 12.2 per 1,000 civilian population.

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